DISCUSSION GUIDE OVERVIEW

Introduction: What is Foundational

Foundational public health services (FPHS) are those services which should be provided at a uniform level statewide. FPHS includes the services that:

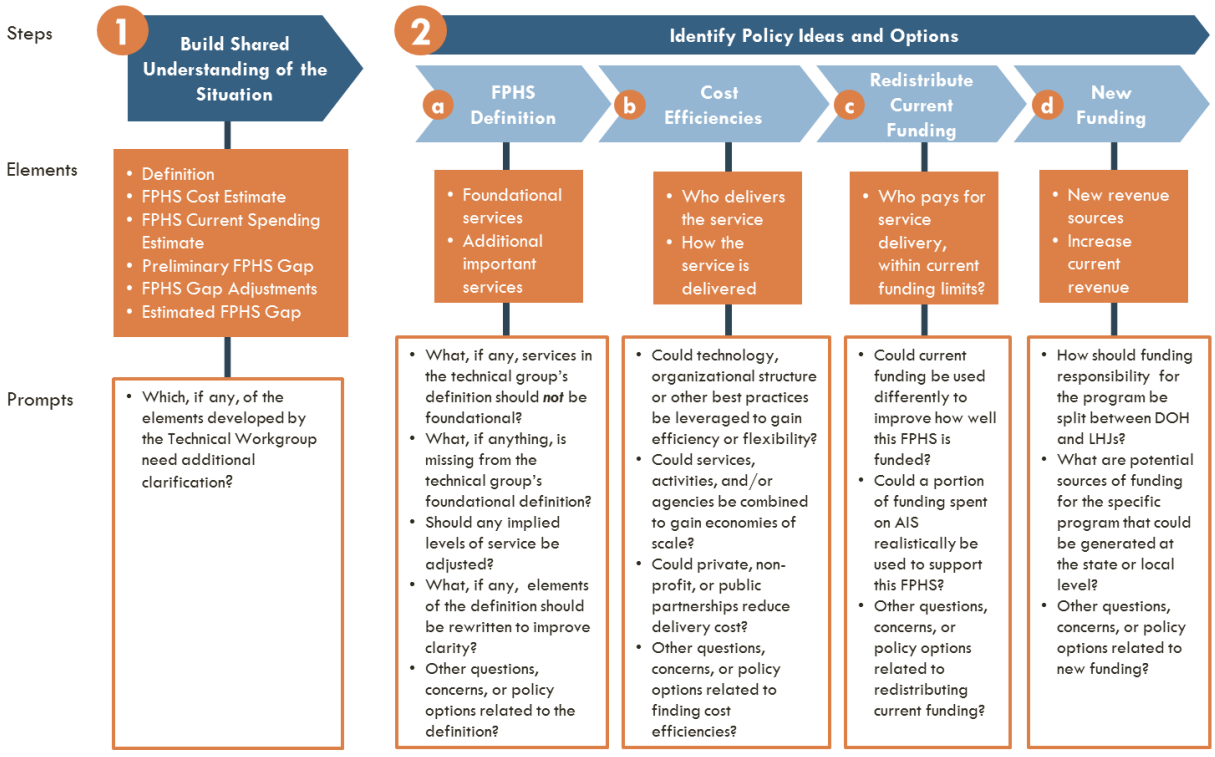
- Must be present everywhere in order to serve anywhere
- Should be available to everyone, everywhere
- Should be provided by the public sector
- Are a solid foundation on which additional important services (AIS) can be added community by community

Over the last two years, the Technical Workgroup has worked to develop definitions for FPHS and costs based on those definitions. For more detail on the Technical Workgroup's approach, please see the document titled *Summary of Technical Workgroup Findings and Approach.*

Objective and Process

To better understand the current situation, the Policy Workgroup will work through FPHS specifics, one program at a time. This discussion guide is designed to help Policy Workgroup members understand the definitions and estimates that the Technical Workgroup has developed for each program, and identify policy ideas and options for further analysis.

Policy Workgroup members will work through the process described in the diagram below. A full-sized version of this diagram is included in the meeting materials packet.



ENVIRONMENTAL PUBLIC HEALTH

STEP 1: UNDERSTAND THE SITUATION

Definition

Environmental public health is the branch of public health that seeks to prevent or control disease and injury caused by natural or built environments. In Washington State its areas of focus include: safe drinking water, food safety, shellfish protection, radiation safety, vector borne disease, general environmental health and safety issues, and health risk assessments.

All environmental public health activities currently conducted by DOH, LHJs and others are defined as FPHS. The activities are described below to facilitate your review. Please note that within these definitions, there are some services that are not currently being provided, or aren't being provided consistently statewide.

Please read through the elements of the foundational definition and the examples of additional important services, and make note if any of the services need clarification.

The **foundational definition** of Environmental Public Health includes:

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures.
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment.
3. Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.
4. Identify and address priority notifiable zoonotic (e.g. birds, insects, rodents) conditions, air-borne, and other public health threats related to environmental hazards.
5. Protect workers and the public from unnecessary radiation exposure in accordance with federal, state, and local laws and regulations.
6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities, and transport).
7. Coordinate and integrate other categorically-funded environmental public health programs and services.

Examples of **Additional Important Services** include:

There are currently no AIS activities being performed by LHJs or DOH within Environmental Public Health. All current activities are considered foundational. This does not imply, however, that future efforts related to Environmental Public Health will necessarily be considered foundational. Emerging work within this program, such as work around climate change, may be considered foundational or may become an example of an additional important service within Environmental Public Health.

Cost Estimate and Current Spending Estimate

Please read through the foundational definition elements and make note of any questions you have for the Technical Workgroup or concerns you have regarding the estimates for Environmental Public Health.

Exhibit 1: Environmental Public Health Cost Estimate and Current Spending Estimate for LHJs (2013 $)

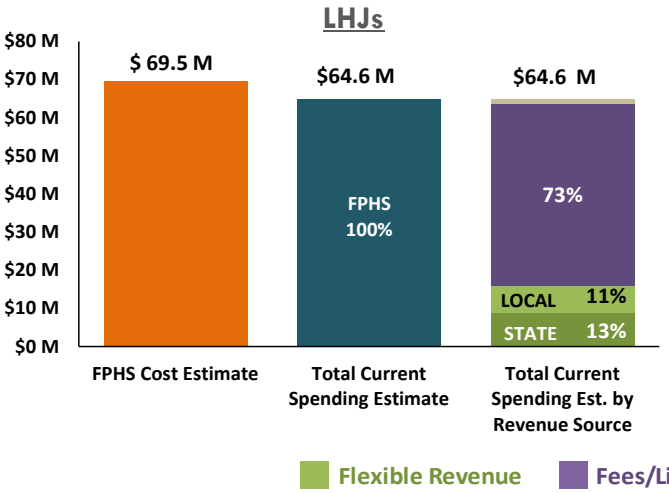
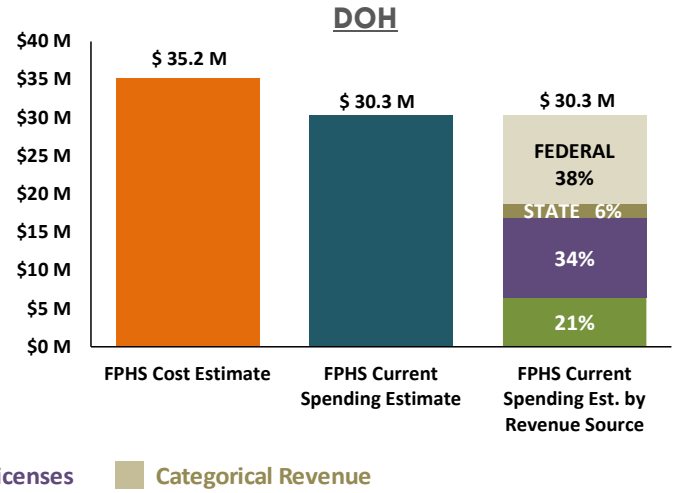


Exhibit 2: Environmental Public Health Cost Estimate and Current Spending Estimate for DOH (2013 $)



Flexible Revenue | Fees/Licenses | Categorical Revenue

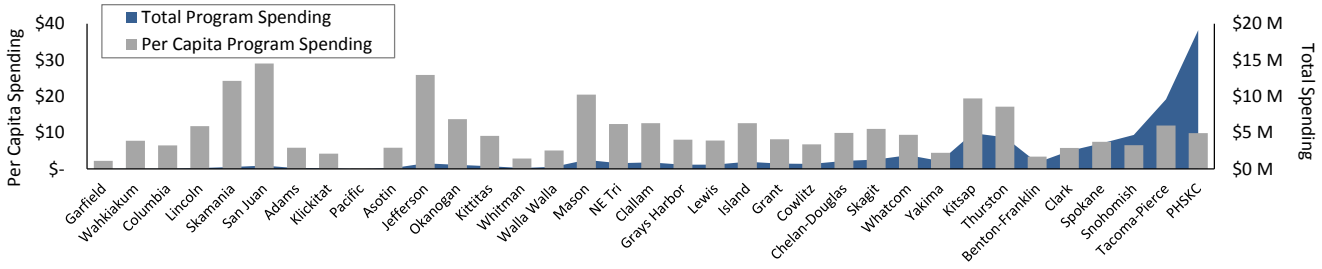
Program Information for LHJs

- The model-generated FPHS Cost Estimate for this program is $69.5 million.
- LHJs currently spend about $64.6 million on **all** environmental public health activities.
  - Of this $64.6 million, we are assuming 100% of this activity is foundational.
- Spending on all environmental public health activities came from a variety of sources. Fees/licenses make up the majority of funding (73%), following by state flexible funding (13%), and local flexible funding (11%).

Program Information for DOH

- The FPHS Cost Estimate for this program is about $35.2 million for DOH.
- DOH currently spends about $30.3 million on this program, including both FPHS and additional important services.
- Funding is a mix of federal revenues (38%), fees and licenses (34%), state flexible revenue (21%), and state categorical revenue (6%).

Exhibit 3: Current Total & Per Capita Spending by LHJ for <u>all</u> Environmental Public Health Services



- This chart summarizes the current total spending and per capita spending on this program for each of the State's 35 LHJs.
- Current levels of per capita spending vary widely across LHJs. It is important to remember there are these differences between jurisdictions when developing policy ideas and options.

Estimated FPHS Gap

Exhibit 4: Estimated FPHS Gap for Environmental Public Health

Program	Service Delivery	(1) FPHS Cost Estimate	− (2) FPHS Current Spending Estimate	= (3) Preliminary FPHS Gap	+ (4) FPHS Gap Adjustments (a) Exclude LHJs without gaps	(b) Exclude Inappropriate Revenue	= (5) Estimated FPHS Gap
Environmental Public Health	DOH	$ 35.2 M	$ 30.3 M	$ 4.9 M	-	$ 0.0 M	$ 4.9 M
	LHJs	$ 69.5 M	$ 64.6 M	$ 4.8 M	$ 7.8 M	$ 0.0 M	$ 12.6 M
Total Statewide		**$ 104.7 M**	**$ 95.0 M**	**$ 9.7 M**	**$ 7.8 M**	**$ 0.0 M**	**$ 17.5 M**

(1) FPHS Cost Estimate. The estimated cost to provide foundational environmental public health services is $104.7 M per year. About 34% (or $35.2 M) would be spent by DOH, and about 66% (or $69.5 M) would be spent by LHJs.

(2) FPHS Current Spending Estimate. Annual current spending on foundational environmental public health services is about $95.0 M. About 32% (or $30.3 M) is spent by DOH, and about 68% (or $64.6 M) is spent by the LHJs.

(4) FPHS Gap Adjustments. No current revenue sources were excluded for this program.

(5) Estimated FPHS Gap. This column shows the estimated amount needed, in addition to current spending, to support provision of foundational environmental public health services (as defined) statewide. The Estimated FPHS Gap is $17.5 M for this program. For DOH, the Estimated FPHS Gap is about $4.9 M. For LHJs, the it is about $12.6 M.

For additional detail on the methodology used for these estimates, please refer to the document titled *Summary of Technical Workgroup Findings and Approach.*

STEP 2: IDENTIFY POLICY IDEAS AND OPTIONS

In order to assure appropriate funding for foundational Environmental Public Health, the policy group must evaluate structural changes and funding options. Please brainstorm questions, concerns, and policy ideas using the questions below.

a. Definition	• What, if anything, is missing from the technical group's foundational definition? • What, if any, services in the technical group's definition should not be foundational? • Should any implied levels of service be adjusted? • What, if any, elements of the definition should be rewritten to improve clarity? • Other questions, concerns, or policy options related to the definition?
b. Cost Efficiencies	• Could technology, organizational structure, or other best practices be leveraged to gain efficiency or flexibility? • Could services, activities, and/or agencies be combined to gain economies of scale? • Could private, non-profit, or public partnerships reduce delivery cost? • Other questions, concerns, or policy options related to finding cost efficiencies?
c. Redistribute current funding	• Could current funding be used differently to improve how well this FPHS is funded? • Could a portion of funding spent on AIS realistically be used to support this FPHS? • Other questions, concerns, or policy options related to redistributing current funding?
d. New funding	• How should funding responsibility for the program be split between DOH and LHJs? • What are potential sources of funding for the specific program that could be generated at the state or local level? • Other questions, concerns, or policy options related to new funding?

COMMUNICABLE DISEASE CONTROL

STEP 1: UNDERSTAND THE SITUATION

Definition

In Washington State, Communicable Disease Control programs monitor, investigate, and report on notifiable conditions as defined by the Washington Administrative Code. Surveillance and control of infectious diseases is important because many communicable diseases can emerge quickly to threaten public health.

All communicable disease control activities conducted by DOH and LHJs are defined as either FPHS or Additional Important Services (AIS). The activities described below are grouped into those two categories to facilitate your review.

Please read through the elements of the foundational definition and the examples of additional important services, and make note if any of the services need clarification.

The **foundational definition** of Communicable Disease Control includes:

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on communicable diseases and their control, including strategies to increase local immunization rates.
2. Identify statewide and local communicable disease control community assets, develop and implement a prioritized communicable disease control plan, and advocate and seek funding for high priority policy initiatives.
3. Ability to receive laboratory reports and other identifiable data, conduct disease investigations, including contact notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with national and state mandates and guidelines.
4. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
5. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to Centers for Disease Control and Prevention (CDC) guidelines.
6. Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases.
7. Coordinate and integrate other categorically-funded communicable disease programs and services

Examples of **Additional Important Services** include:

1. Management of vaccine distribution for childhood vaccine providers in accordance with national Guidelines for Quality Standards for Immunization (including current federal categorical funding).
2. HIV services, including Ryan White HIV clinical services and federal and state HIV prevention services in accordance with state and federal regulations for these programs (including current federal and state categorical funding).
3. Assurance of access to HIV/STD testing and treatment.
4. Assurance of treatment of latent tuberculosis infection.
5. Assurance of provision of partner notification services for chlamydia infections.
6. Development of appropriate response strategies for new and emerging diseases through surveillance, program evaluation, and applied research.

Cost Estimate and Current Spending Estimate

Please read through the foundational definition elements and make note of any questions you have for the Technical Workgroup or concerns you have regarding the estimates for Communicable Disease Control.

Exhibit 5: Communicable Disease Control Cost Estimate and Current Spending Estimate for LHJs (2013 $)

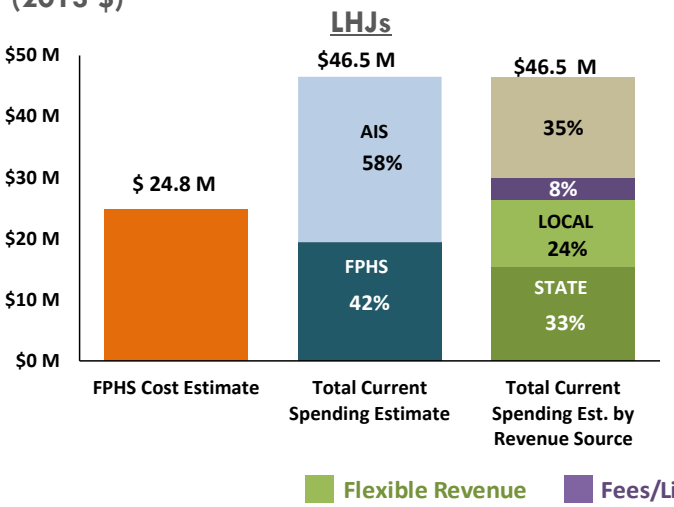
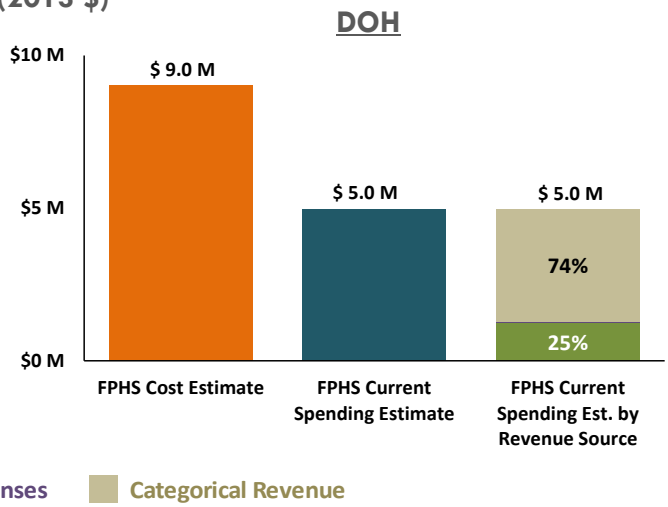


Exhibit 6: Communicable Disease Control Cost Estimate and Current Spending Estimate for DOH (2013 $)



Flexible Revenue Fees/Licenses Categorical Revenue

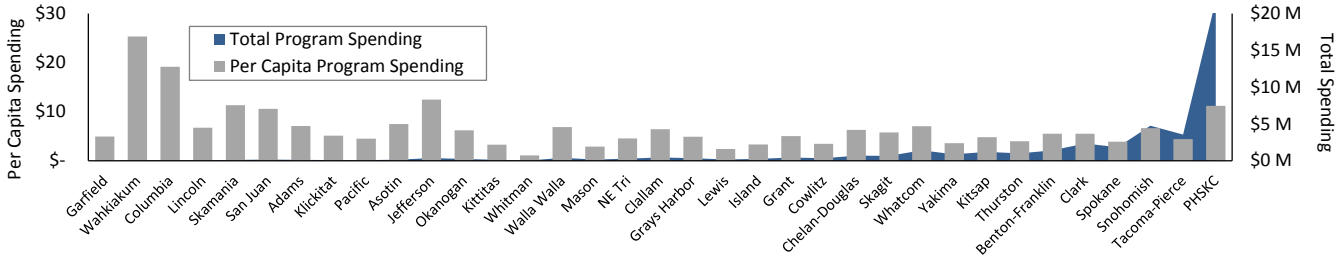
Program Information for LHJs

- The model-generated FPHS Cost Estimate for this program is $25 million.
- LHJs currently spend about $46.5 million on **all** communicable disease activities.
  - Of this $46.5 million, about 42% ($19 million) was spending on foundational services.
- Spending on all communicable disease activities came from a variety of sources, with federal funding (35%), state flexible funding (33%), and local flexible funding (24%) being the three largest sources.

Program Information for DOH

- The FPHS Cost Estimate for this program is about $9 million for DOH.
- DOH currently spends about $5 million on this program, including both FPHS and additional important services.
- The majority of funding (74%) comes from federal sources, and about 25% of funding comes from state flexible revenue.

Exhibit 7: Current Total & Per Capita Spending by LHJ for all Communicable Disease Services



- This chart summarizes the current total spending and per capita spending on this program for each of the State's 35 LHJs.
- Current levels of per capita spending vary widely across LHJs. It is important to remember there are these differences between jurisdictions when developing policy ideas and options.

Estimated FPHS Gap

Exhibit 8: Estimated FPHS Gap for Communicable Disease Control

Program	Service Delivery	(1) FPHS Cost Estimate	− (2) FPHS Current Spending Estimate	= (3) Preliminary FPHS Gap	+ (4) FPHS Gap Adjustments (a) Exclude LHJs without gaps	(b) Exclude Inappropriate Revenue	= (5) Estimated FPHS Gap
Communicable Disease	DOH	$9.0 M	$5.0 M	$4.0 M	-	$0.0 M	$4.0 M
	LHJs	$24.8 M	$19.4 M	$5.4 M	$0.9 M	$0.8 M	$7.1 M
Total Statewide		**$33.8 M**	**$24.3 M**	**$9.4 M**	**$0.9 M**	**$0.8 M**	**$11.1 M**

(1) FPHS Cost Estimate. The estimated cost to provide foundational communicable disease control is $33.8 M per year. About 27% (or $9.0 M) would be spent by DOH, and about 73% (or $24.8 M) would be spent by LHJs.

(2) FPHS Current Spending Estimate. Annual current spending on foundational communicable disease control is about $24.3 M. About 21% (or $5.0 M) is spent by DOH, and about 79% (or $19.4 M) is spent by the LHJs.

(4) FPHS Gap Adjustments. About $0.8 million is current spending was excluded, due to fees and federal funding being considered inappropriate to support foundational communicable disease control activities.

(5) Estimated FPHS Gap. This column shows the estimated amount needed, in addition to current spending, to support provision of foundational communicable disease control (as defined) statewide. The Estimated FPHS Gap is $11.1 M for this program. For DOH, the Estimated FPHS Gap is about $4.0 M. For LHJs, it is about $7.1 M.

For additional detail on the methodology used for these estimates, please refer to the document titled *Summary of Technical Workgroup Findings and Approach.*

STEP 2: BRAINSTORM QUESTIONS, CONCERNS AND IDEAS

In order to assure appropriate funding for foundational Communicable Disease, the policy group must evaluate structural changes and funding options. Please brainstorm questions, concerns and policy ideas using the questions below.

a. Definition	• What, if anything, is missing from the technical group's foundational definition? • What, if any, services in the technical group's definition should not be foundational? • Should any implied levels of service be adjusted? • What, if any, elements of the definition should be rewritten to improve clarity? • Other questions, concerns, or policy options related to the definition?
b. Cost Efficiencies	• Could technology, organizational structure or other best practices be leveraged to gain efficiency or flexibility? • Could services, activities, and/or agencies be combined to gain economies of scale? • Could private, non-profit, or public partnerships reduce delivery cost? • Other questions, concerns, or policy options related to finding cost efficiencies?
c. Redistribute current funding	• Could current funding be used differently to improve how well this FPHS is funded? • Could a portion of funding spent on AIS realistically be used to support this FPHS? • Other questions, concerns, or policy options related to redistributing current funding?
d. New funding	• How should funding responsibility for the program be split between DOH and LHJs? • What are potential sources of funding for the specific program that could be generated at the state or local level? • Other questions, concerns, or policy options related to new funding?

CHRONIC DISEASE AND INJURY PREVENTION

STEP 1: UNDERSTAND THE SITUATION

Definition

Chronic diseases, such as heart disease, stroke, cancer and diabetes, are some of the most common, preventable, and costly health problems in Washington State. Injuries are the leading cause of death and disability for people in Washington State, ages one to 44. Through prevention and intervention, public health works to eliminate preventable death and disability due to illness and injury.

All chronic disease and injury prevention activities conducted by DOH and LHJs are defined as either FPHS or AIS. The activities described below are grouped into those two categories to facilitate your review.

Please read through the elements of the foundational definition and the examples of additional important services, and make note if any of the services need clarification.

The **foundational definition** of Chronic Disease and Injury Prevention includes:

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on chronic disease prevention and injury control.
2. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a prioritized prevention plan, and advocate and seek funding for high priority policy initiatives.
3. Reduce statewide and community rates of tobacco use through a program that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.
4. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for health eating and active living.
5. Coordinate and integrate other categorically-funded chronic disease and injury prevention programs and services.

Examples of **Additional Important Services** include:

1. Provision of specific clinical preventive services and screening (breast and cervical cancer, colon cancer) in accordance with the USPHTF for Clinical Preventive Services (including current federal and state funding).
2. Other categorically-funded chronic disease prevention programs (including current federal funding for chronic disease and community transformation).
3. Development of appropriate strategies for prevention and control of chronic diseases and injury through surveillance, program evaluation, and applied research.

Cost Estimate and Current Spending Estimate

Please read through the foundational definition elements and make note of any questions you have for the Technical Workgroup or concerns you have regarding the estimates for Chronic Disease and Injury Prevention.

Exhibit 9: Chronic Disease and Injury Prevention Cost Estimate and Current Spending Estimate for LHJs (2013 $)

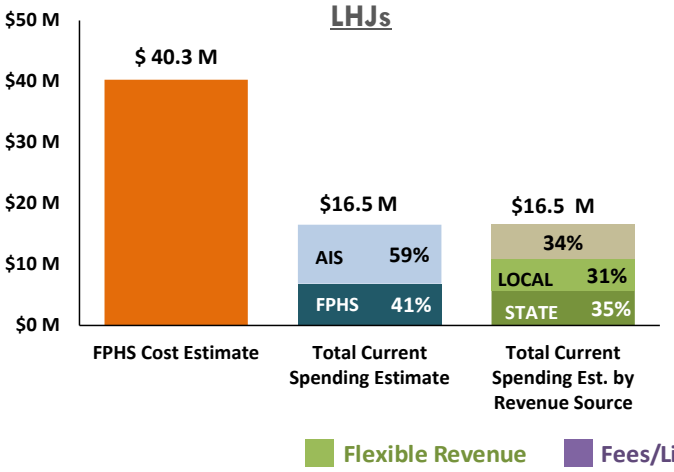
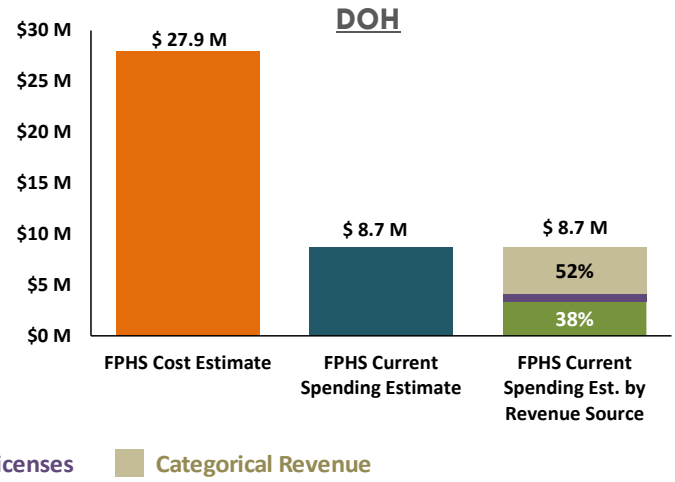


Exhibit 10: Chronic Disease and Injury Prevention Cost Estimate and Current Spending Estimated for DOH (2013 $)



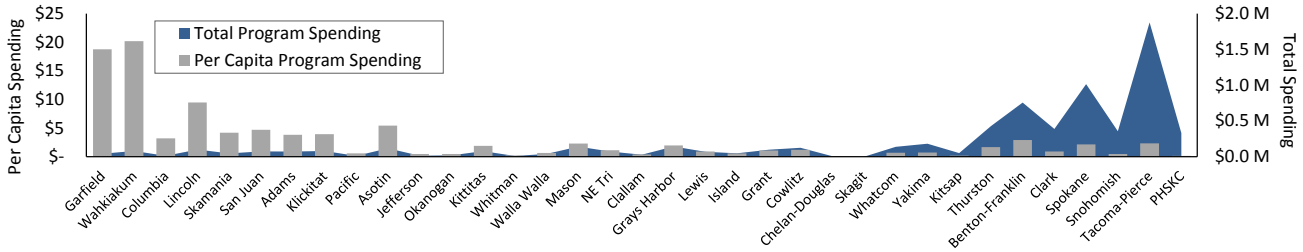
Program Information for LHJs

- The model-generated FPHS Cost Estimate for this program is $40.3 million.
- LHJs currently spend about $16.5 million on **all** chronic disease & injury prevention activities.
  - Of this $16.5 million, about 41% ($6.8 million) was spending on foundational services.
- Spending on all chronic disease & injury prevention activities came from a variety of sources, with federal funding (34%), state flexible funding (35%), and local flexible funding (31%) being the three largest sources.

Program Information for DOH

- The FPHS Cost Estimate for this program is about $27.9 million for DOH.
- DOH currently spends about $8.7 million on this program, including both FPHS and additional important services.
- The majority of funding (52%) comes from federal sources, and about 38% of funding comes from state flexible revenue.

Exhibit 11: Current Total & Per Capita Spending by LHJ for <u>all</u> Chronic Disease & Injury Prevention



- This chart summarizes the current total spending and per capita spending on this program for each of the State's 35 LHJs.
- Current levels of per capita spending vary widely across LHJs. It is important to remember there are these differences between jurisdictions when developing policy ideas and options.

Estimated FPHS Gap

Exhibit 12: Estimated FPHS Gap for Chronic Disease and Injury Prevention

Program	Service Delivery	(1) FPHS Cost Estimate	− (2) FPHS Current Spending Estimate	= (3) Preliminary FPHS Gap	+ (4) FPHS Gap Adjustments (a) Exclude LHJs without gaps	(b) Exclude Inappropriate Revenue	= (5) Estimated FPHS Gap
Chronic Disease & Injury Prev.	DOH	$ 27.9 M	$ 8.7 M	$ 19.2 M	-	$ 0.0 M	$ 19.2 M
	LHJs	$ 40.3 M	$ 6.8 M	$ 33.4 M	$ 0.0 M	$ 0.0 M	$ 33.4 M
Total Statewide		**$ 68.2 M**	**$ 15.5 M**	**$ 52.7 M**	**$ 0.0 M**	**$ 0.0 M**	**$ 52.7 M**

(1) FPHS Cost Estimate. The estimated cost to provide foundational chronic disease and injury prevention is $68.2 M per year. About 41% (or $27.9 M) would be spent by DOH, and about 59% (or $40.3 M) would be spent by LHJs.

(2) FPHS Current Spending Estimate. Annual current spending on foundational chronic disease and injury prevention is about $15.5 M. About 56% (or $8.7 M) is spent by DOH, and about 44% (or $6.8 M) is spent by the LHJs.

(4) FPHS Gap Adjustments. No current revenue sources were excluded for this program.

(5) Estimated FPHS Gap. This column shows the estimated amount needed, in addition to current spending, to support provision of foundational chronic disease and injury prevention (as defined) statewide. The Estimated FPHS Gap is $52.7 M for this program. For DOH, the Estimated FPHS Gap is about $19.2 M. For LHJs, it is about $33.4 M.

For additional detail on the methodology used for these estimates, please refer to the document titled *Summary of Technical Workgroup Findings and Approach.*

STEP 2: IDENTIFY POLICY IDEAS AND OPTIONS

In order to assure appropriate funding for foundational Chronic Disease and Injury Prevention, the policy group must evaluate structural changes and funding options. Please brainstorm questions, concerns, and policy ideas using the questions below.

a. Definition	• What, if anything, is missing from the technical group's foundational definition? • What, if any, services in the technical group's definition should not be foundational? • Should any implied levels of service be adjusted? • What, if any, elements of the definition should be rewritten to improve clarity? • Other questions, concerns, or policy options related to the definition?
b. Cost Efficiencies	• Could technology, organizational structure or other best practices be leveraged to gain efficiency or flexibility? • Could services, activities, and/or agencies be combined to gain economies of scale? • Could private, non-profit, or public partnerships reduce delivery cost? • Other questions, concerns, or policy options related to finding cost efficiencies?
c. Redistribute current funding	• Could current funding be used differently to improve how well this FPHS is funded? • Could a portion of funding spent on AIS realistically be used to support this FPHS? • Other questions, concerns, or policy options related to redistributing current funding?
d. New funding	• How should funding responsibility for the program be split between DOH and LHJs? • What are potential sources of funding for the specific program that could be generated at the state or local level? • Other questions, concerns, or policy options related to new funding?